



APPLICATION FOR DIRECT DEPOSIT

State Form 47144 (R3 / 01-02)

Approved by State Board of Accounts 2002

INDIANA STATE TEACHERS' RETIREMENT FUND

150 West Market Street, Suite 300

Indianapolis, Indiana 46204-2809

(888) 286-3544 / www.in.gov/trf

A trust is deemed to be in effect by the operation of this instrument in the periodic transfer of funds by the payor to the financial organization acting as trustee for the lifetime benefit of the payee to retain and to revert to the payor the funds transferred after the death of the payee. This instrument is governed by the Indiana law and enforceable under the jurisdiction of the State of Indiana. Social Security numbers are requested by this state agency in accordance with the requirements of IRS Code 3405. This form will not be processed without this information.

READ INSTRUCTIONS ON BACK. TYPE OR PRINT

PART 1 - AUTHORIZATION

Instead of receiving periodic recurring benefit payments by check from the Indiana State Teachers' Retirement Fund, I (*payee*) authorize and request TRF to direct the net amount of such recurring payments to my account at the financial organization (*Bank*) designated below, and I authorize said Bank to accept and to credit the payments to my account. I acknowledge that the transfer of the payments by TRF to the Bank be deemed complete satisfaction and discharge of the obligation of TRF due me. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. I will comply with the Bank's procedures providing safeguards against withdrawals of deposits after my death. If any deposits are made subsequent to my death to which I am not entitled, I hereby authorize and direct said Bank on behalf of my estate to refund said deposits to TRF and to charge same to my account.

Name of payee

TRF account number

Social Security Number

Address (number and street)

City

State

Zip Code

Telephone number

Are you receiving more than one monthly benefit check from TRF?

☐ Yes

☐ No

If so, do you wish to have all TRF accounts electronically deposited?

☐ Yes

☐ No

If so, do you want all TRF checks deposited into the same account?

☐ Yes

☐ No

Signature of payee

Date signed

PART II - REPAYMENT ACKNOWLEDGEMENT

This section must be completed by any person other than the payee who will or may have access to the account into which the TRF benefit will be deposited, such as including but not limited to a person designated a power of attorney, a guardian or conservator, or a joint owner of the account. All such persons who have such access do hereby agree, as evidenced by their signatures, to notify the Bank and TRF of the payee's death promptly and further agree to be held liable for any amounts due to be returned to TRF from the deposit account after the payee's death.

NAME OF AUTHORIZED PERSON

PERSON'S SIGNATURE

DATE SIGNED

SOCIAL SECURITY NUMBER

PART III - ENDORSEMENT (*Financial Organization Must Complete This Section*)

We, the Bank, hereby agree to accept the authorization hereinabove conferred. We acknowledge that the authorization is not a power of attorney or agency within the meaning of Indiana Code 30-5-1-1 et seq., and that the death of the payee terminates the Bank's authority to accept payments from TRF, and to credit the amount to the payee's account. We understand that our account number, shown for the payee named herein, will be included on individual payment credits to his / her account. The terms which protect the rights and interests of a federal agency payor, as contained in 31 CFR parts 240, 209, and 210, shall be applicable in the operation of this agreement; and we further agree, upon acquiring knowledge of the death of the payee, to refund to TRF all deposits received subsequent to death.

Routing number (ABA Number)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Type of deposit or account

☐ Savings

☐ Checking

Deposit account number

Deposit account title (*All names on the account*)

Name and address of Financial Organization

Authorized signature of Financial Organization Officer

Date signed

Branch name

Telephone number

Printed name of Financial Organization Officer

Title of officer

PLEASE BE SURE YOU HAVE READ THE INSTRUCTIONS ON THE BACK.

INSTRUCTIONS FOR COMPLETING DIRECT DEPOSIT FORM

1. *Your Social Security number must be entered in Section I. If you are a survivor entitled to receive the original member's benefit, enter YOUR Social Security number, not that of the deceased.*
2. *If the account is a joint account, any other person(s) on the account MUST complete Section II.*
3. *This form must be signed by the payee or the payee's duly authorized and appointed power of attorney or guardian / conservator. If the form is signed by the holder of a power of attorney or guardian / conservator rather than the member, a copy of supporting documents MUST be attached to the direct deposit form when returned for processing. The person signing MUST complete Section II.*
4. *The DEPOSIT ACCOUNT TITLE in Section III MUST contain the NAME(S) (all of them) that are on the account, NOT the type of account.*
5. *Your financial institution MUST complete Section III BEFORE returning the form to our office. A financial officer MUST sign and date the form in Section III.*
6. *This form must be in our office no later than the 5th of the month for your direct deposit to begin on the 1st of the following month. For example, if you want your direct deposit to begin on October 1, we must have the completed form in our office by September 5.*

NOTE: YOU WILL ALSO RECEIVE AN ELECTRONIC FUND TRANSFER RECEIPT IN THE MAIL EACH MONTH SIMILAR TO A CHECK STUB. THIS RECEIPT WILL VERIFY THE MONTHLY ELECTRONIC DEPOSIT BY TRF.